

FUNDS DISBURSEMENT REQUEST FORM

Funds Disbursement Request # 4

Grant #: 06-4-C-4899

Date: 12/17/04

Amount Requested \$ 23,427.57

Identify, by work activity, all work completed for which payment is requested. Provide evidence of completion of work identified. Also complete a Financial Report Form and a summary page of expenses that reference the invoices and back-up information included.

The San-I-Pak training was completed on December 15, 2004. The unit had been installed prior to December but the training could not be completed until a San-I-Pak representative was available.

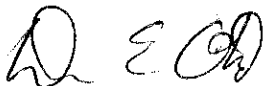
Please see attached purchase orders and invoices for the entire San-I-Pak project.

You must attach a copy of invoice for which payment is requested, i.e. bill from contractor, subcontractor, materials supplier, or other party approved by DHSS.

Attached

If reimbursement is requested, provide evidence of prior payment by the Grantee.

I certify that all evidence presented to the Department of Health and Social Services, is in accordance with this capital Grant is true and correct.



Signature

12/17/04

Date

Attachment I
FINANCIAL REPORT FORM

Name of Grantee:
Cordova Community Medical Center

Grant Number: 06-4-C-4899


If submitting as part of a Funds Disbursement Request:
For work activities ending: 12/17/04
mm/dd/yyyy

BUDGET CATEGORY (ACTIVITY)	TOTAL FUNDS APPROVED	FUNDS EXPENDED THIS PERIOD	TOTAL FUNDS EXPENDED	FUNDS ADVANCED THIS PERIOD	TOTAL FUNDS ADVANCED
Major Medical Equipment	264,400.00	48,078.26	263,273.18		44,144.61
PROJECT TOTALS	264,400.00	48,078.26	263,273.18		44,144.61
INTEREST EARNED THIS PERIOD					
TOTAL INTEREST EARNED					

I hereby certify that all of the information provided in this report is true and accurate and that all of the activities outlined in this report have been in accordance with Grant Agreement.

Signature & Title of Authorized Representative:

Date:

 Interim Administrator

12/17/04

Grant Progress

In addition to the information requested above please provide a brief narrative of all activities and work completed during the reporting period including applicable inspection and client service information. Use additional paper if necessary.

All projects have been completed.

Payment was received for \$46,004.61, \$1860.00 for the film processor installation and \$44,144.61 prepayment for the San-I-Pak. The remaining charges are \$23,427.57. The total project is under budget by \$1126.82.

**Denali Commission Quarterly
Project Narrative**

Project Name: Cordova Community Medical Center Equipment Project

Agency: Cordova Community Medical Center Reporting Period: Oct. Nov. Dec.

Grant #: 06-4-C-4899

1. What is the status of the project; include portions completed?

Training on the San-I-Pak was completed on December 15, 2004. This completes the equipment project.

2. Is the project on schedule; if not, how will this be dealt with?

Completed

3. Is the project on budget; if not, how will this be dealt with?

There are a few variations in the project budget. The sterilizer was significantly under budget, and the San-I-Pak is over budget. The total project is be under budget.

4. Other comments/problems and solutions:

**Denali Commission
Quarterly Project Financial Report**

Project Name: Cordova Community Medical Center Equipment Project

Agency: Cordova Community Medical Center **Reporting Period:** Oct. Nov. Dec.

Grant #: 06-4-C-4899

Please include the following information:

(Use additional pages as necessary)

Budget Information:

1. The total project budget—Denali Commission and other funds combined
\$264,400.00 + \$420,803=\$685,203 (Please note the \$420,803 was reported a matching funds in the original budget)
2. The total project expenditures as of the end of the most recent quarter
\$420,803 (Matching Funds previously expended)
3. The total amount of Denali Commission funds committed to the project
\$264,400.00
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period
\$191,955.39
5. The percentage of expenditures to the total budget
61 %
6. Project Performance Analysis (use PPA form on page2 of 641)
-See attached -

Project Schedule:

Show the project schedule with milestone dates for design and construction.
Design and Construction not applicable to this project.

Form 641A

Denali Commission
Quarterly Project Financial Report
Project Performance Analysis (PPA) Form

Project Name: Cordova Community Medical Center Equipment Project

Agency: Cordova Community Medical Center Reporting Period: Oct. Nov. Dec.

Grant #: 06-4-C-4899

Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Film Processor	\$28,300.00	\$30,283.00	02/22/04	Completed
Ultrasound Machine	\$80,000.00	\$81,640.00	02/15/04	Completed
EKG	\$4,828.00	\$4,828.00	02/15/04	Completed
Bone Densitometer	\$72,000.00	\$72,120.00	02/27/04	Completed
San-i-pak	\$62,500.00	\$67,572.18	12/15/04	Completed
Sterilizer	\$16,791.76	\$6,830.00	03/01/04	Completed
Totals:	\$264,400.00	\$263,273.18		

Signature: _____

12/17/04

Date:

Dean Otey / Interim Administrator

Print Name and Title:

641B

Form

